

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

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| Purchasing Use Only: | |
| Approval#: | 161101 |

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

| | | | |
|-----------|---|---------------------|----------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below: | | |
| | State Agency: Nevada Department of Employment, Training and Rehabilitation (DETR) | | |
| | <i>Contact Name and Title</i> | <i>Phone Number</i> | <i>Email Address</i> |
| | Dennis Perea Deputy Director | (702)486-7923 | daperea@nvdetr.org |

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|-----------|----------------------------|--|
| 1b | Vendor Information: | |
| | Identify Vendor: | Southern Nevada Children First (SNCF) |
| | Contact Name: | Monique Harris |
| | Address: | 3755 W. Lake Mead Blvd., North Las Vegas, NV 89032 |
| | Telephone Number: | (702)487-5665 |
| | Email Address: | mharris@childrenfirst-nv.org |

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| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | |
| | Professional Service Exemption: | X |

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|-----------|------------------------------|-----|---|----|
| 1d | Contract Information: | | | |
| | Is this a new Contract? | Yes | X | No |
| | Amendment: | # | | |
| | CETS: | # | | |

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|-----------|------------------------|-------------|---------------|------------|
| 1e | Term: | | | |
| | One (1) Time Purchase: | | | |
| | Contract: | Start Date: | Upon Approval | End Date: |
| | | | | 09/01/2017 |

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|-----------|---------------------|----------------------------------|
| 1f | Funding: | |
| | State Appropriated: | Career Enhancement Program (CEP) |
| | Federal Funds: | |
| | Grant Funds: | |
| | Other (Explain): | |

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| 1g | Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: |
| | \$ 49,900 |

10/19/16

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| 2 | Provide a description of work/services to be performed or commodity/good to be purchased: |
| | The SNCF will provide workforce training for at-risk, female youth who are parenting and/or pregnant, and who are in the foster care system, or aged out of the system, and/or have likely dropped out of high school. The SNCF target said populations and provides critical skills, specifically workforce services, for which limited providers offer and/or are available to provide. The SNCF will provide these services within the constrained time period, which will provide the requisite services for these populations that are in need of workforce training services so that they are able to obtain employment in high demand occupations and become self-sufficient. |

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| 3 | What are the unique features/qualifications required for this service or good that are not available from any other vendor: |
| | The SNCF target and provides workforce training services to specific populations, as defined above under #2. There are limited providers who offer comparable, but not specific, services and/or are able to provide said services within the constrained time frame and to these specific populations. |

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| 4 | Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: |
| | <p>This program currently provides these specific workforce training services to these particular, hard-to-serve populations. The SNCF is an established recipient of public funding from other entities (e.g., the southern local workforce development board, Workforce Connections; not DETR) through the Workforce Investment and Opportunity Act of 2014 (WIOA) funding. Supplementing program funding with CEP funding from DETR will allow the provider to serve additional youth in need. This funding would <u>extend</u> programmatic services that this vendor is already providing. Therefore, it is highly unlikely that there are other similar providers in Las Vegas that could provide this service to this particular at-risk youth population at this competitive price and within the constrained time period. No such other provider could be identified by DETR.</p> <p>It is DETR's intention of providing additional program funding through available CEP funds to supplement this program and provide these services to additional participants who are in need.</p> |

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| 5 | Were alternative services or commodities evaluated? Check One. | Yes: | X | No: | | |
| | a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i> | | | | | |
| | The limited number of service providers that were initially identified were unable to provide workforce training services within a reasonable cost to the at-risk, homeless, pregnant/parenting female youth that would lead to employment in high demand occupations, and within the constrained time period, thus limiting successful outcomes of these populations. | | | | | |
| | b. <i>If not, why were alternatives not evaluated?</i> | | | | | |

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| 6 | Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request. | Yes: | | No: | X |
| | a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i> | | | | |

| | <i>Term Start and End Dates</i> | | <i>Value</i> | <i>Short Description</i> | <i>Type of Procurement (RFP#, RFQ#, Waiver #)</i> |
|--|-------------------------------------|--|--------------|--------------------------|---|
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

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| 7 | What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid? | | | |
| | <p>The state would forego the opportunity to provide workforce training for high demand occupations to members of the workforce with the greatest need.</p> <p>Time is of the essence --- the agency's spending authority of CEP funds is limited as the new fiscal year fast approaches. The agency recently learned that tax receipts for the CEP funding were <u>higher</u> than projected, thus resulting in a short turnaround window of opportunity to obligate CEP funds towards workforce training before Nevada's statutes/laws require reversion of CEP funding to the Unemployment Insurance (UI) Trust Fund. Valuable training could be provided with this funding through SNCF, and provide at-risk, homeless, pregnant/parenting female youth with critical workforce services and assist them to become self-sufficient.</p> | | | |

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| 8 | What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable? | | | |
| | <p>Research was conducted to identify other service providers who offer training to at-risk, homeless, pregnant/parenting female youth to identify whether or not there were other providers who met the qualifications of providing specific workforce training that would lead to employment in high demand occupations. That research proved futile.</p> <p>The SNCF provides exact and direct workforce training services that this specific at-risk, unemployed/underemployed populations need, and which can be provided to serve this population in the constrained time frame that CEP funding is available.</p> | | | |

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| 9 | Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u> | | | Yes: | | No: | X |
| | <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> | | | | | | |

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Dennis A. Perea, Deputy Director

10/18/2016

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Dennis A. Perea, Deputy Director

10/18/2016

Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

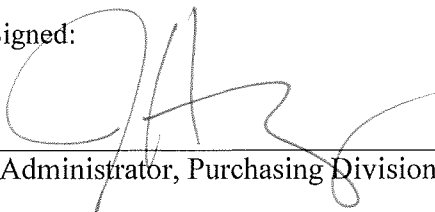
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee

11-1-2016
Date